## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10776029

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                            |                                                |                                           |              |                                   |                       |                  |            | SMALL ENTITY TYPE   |                        |                | OTHER THAN<br>SMALL ENTITY |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------|-----------------------------------|-----------------------|------------------|------------|---------------------|------------------------|----------------|----------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                           | 21           |                                   |                       |                  |            | RATE                | FEE                    | 1              | RATE                       | FEE                    |
| FOR .                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                           | NUMBER FILED |                                   | NUMBER EXTRA          |                  |            | BASIC FEE           |                        | OR             | BASIC FEE                  | 790                    |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                           | 2 mir        | nus 20=                           | *                     | 1                |            | X\$ 25=             |                        | OR             | X\$50=                     | 50                     |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           | 2 mi         | nus 3 =                           | *                     | 0                |            | X100=               |                        | OR             | X200=                      |                        |
| ML                                                                                                                                                                                                                                                                                                                                                                                                        | ILTIPLE DEPEN                                  | NDENT CLAIM PI                            | RESENT       |                                   |                       |                  |            | +180=               |                        | OR             | +360=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                  |                                                |                                           |              |                                   |                       | 1                | TOTAL      |                     | OR                     | TOTAL          | 140                        |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                               |                                                |                                           |              |                                   |                       |                  | SMALL      | FNTITY              | OR                     | OTHER<br>SMALL |                            |                        |
| _                                                                                                                                                                                                                                                                                                                                                                                                         | -                                              | (Column 1)                                |              |                                   | (Column 2) (Column 3) |                  |            | SWALL               |                        |                | JIIALL                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                               |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUME<br>PREVIO<br>PAID F          | BER<br>JUSLY          | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Total                                          | *                                         | Minus        | **                                |                       | =                |            | X\$ 25=             |                        | OR             | X\$50=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Independent                                    | *                                         | Minus        | ***                               |                       | =                | $\  \ $    | X100=               |                        | OR             | X200=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA   |                                           |              |                                   | CLAIM                 |                  | <u>ا</u> ا | +180=               |                        | OR             | +360=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                           |              |                                   |                       |                  |            | TOTAL               |                        |                | TOTAL                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                           |              |                                   |                       |                  |            | ADDIT. FEE          |                        | OR             | ADDIT. FEE                 |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                           |              |                                   |                       |                  |            |                     |                        |                |                            |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                               |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>OUSLY          | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Total                                          | *                                         | Minus        | **                                |                       | =                |            | X\$ 25=             |                        | OR             | X\$50=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Independent                                    | *                                         | Minus        | ***                               | 01.0104               | = .              |            | X100=               |                        | OR             | X200=                      |                        |
| L_                                                                                                                                                                                                                                                                                                                                                                                                        | FIRST PRESE                                    | NTATION OF MU                             | JETIPLE DEF  | ENDENT                            | CLAIM                 |                  | ] [        | +180=               |                        | OR             | +360=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                           |              |                                   |                       |                  | L          | TOTAL<br>ADDIT, FEE |                        | OR             | TO;TAL<br>ADDIT. FEE       | -                      |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                           |              |                                   |                       |                  |            |                     |                        |                |                            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                                                               |                                                | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>USLY    | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Total                                          | *                                         | Minus        | **                                |                       | =                |            | X\$ 25=             |                        | OR             | X\$50=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                           | Independent                                    | *                                         | Minus        | ***                               |                       | =                | ]          | X100=               | <del></del>            | OR             | X200=                      |                        |
| 4                                                                                                                                                                                                                                                                                                                                                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |              |                                   |                       |                  |            |                     |                        | On I           |                            |                        |
| 1. If the patruin column 1 is loss than the patruin religion 2. The "O" in a start of                                                                                                                                                                                                                                                                                                                     |                                                |                                           |              |                                   |                       |                  |            | +180=               |                        | OR             | +360=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |              |                                   |                       |                  |            |                     |                        |                |                            |                        |